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Urban Terror: London's Turn

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On the day after United States of America marked the fourth anniversary of the terrorist attacks of "9/11," British television viewers had the chance to see the return of *Spooks*, a fictional series based on the security services. This first episode, filmed early in 2005, was built round a bomb blast and a defused device at a mainline station in central London. In the real world, on July 7, 2005 (the United Kingdom's "7/7"), suicide bombers had exploded devices on three underground trains and a bus, killing 52 Londoners and injuring more than 700 others; fourteen days later, four other devices, again directed against public transport, failed, and there were no injuries. (For those seeking further detail of the first group of London incidents and responses to them, the *New England Journal of Medicine* was quick to record some helpful, on-the-spot early medical impressions.[1–3]) Such apparent prescience on the part of the television program makers should not surprise us. Londoners and other urban dwellers had often been told such an attack was inevitable after "9/11."

The British capital is, of course, no stranger to murderous bomb attacks. The Metropolitan Police's Central Casualty Bureau, whose origins lie in the 1939–1945 wartime air-raids on London, has dealt with over two dozen serious incidents in and around the city since 1983, twelve of them were bombs.[4] The bureau acts as an information clearing house for certain incidents overseas, too (it fielded 1000 calls an hour in the aftermath of the World Trade Center attacks in New York on September 11, 2001). Although on September 13, 2005, Charles Clarke, the Home Secretary, faced the Parliamentary committee that oversees his office and admitted the dissemination of information could be improved, it is generally agreed that London's emergency services coped well with the immediate impact of this latest atrocity. (Incidentally, assistance at the Tavistock Square bomb site was helped by the attendance of physicians meeting at the nearby headquarters of the British Medical Association.) Further, a telephone questionnaire survey (completed shortly before the second and failed attacks) revealed "no evidence of a widespread desire for professional counselling,"[5] but the need to keep an eye out for post-traumatic stress disorder is recognized in the National Health Service's Trauma Response (London bombings) Programme. How well these and other disaster plans and provisions would have worked had the tragedy been on the scale of the New York horror of 2001 we do not know, and it is as well not to be complacent.

Here in the United Kingdom, official thoughts have been turning to the prevention of terrorist attacks in future—allocating more money for the security services, cutting off financial life blood of terrorist groups, and expelling apparent supporters

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of terrorism as examples. The latter two strategies are not simple, however. One man's terrorist is another's freedom fighter, and the ultimate destination of charitably intended gifts cannot always be guaranteed. Nor is controlling the entry or ending the residence of alleged "undesirables" any less controversial; what the British government is proposing could in some instances be at odds with human rights agreements. Indeed, a very senior figure in British security circles, the head of MI5, has publicly conceded that weakening of commitments to human rights may be the price that has to be paid for safety.[6] Some will see the recent proposal to extend the period during which a suspect can be held without charge from fourteen days to 3 months as an example of this.

Some lessons to be learned will no doubt emerge, but the acute medical,[1,2] rescue and police responses to terrorist acts in London in July continue to earn praise even after the tragedy of the shooting of a young Brazilian man thought wrongly to be a threat. The medical model, primary prevention—identifying what it is that prompts these ghastly acts and responding constructively to that—must not be forgotten but does not look promising at present. Secondary prevention, fraught with difficulties though it is, appears to be the only viable avoidance option.

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